

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		3				
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TOTAL IND.	1					
TOTAL DEP.	8	↔	↔	↔	↔	
TOTAL CLAIMS	9	████	████	████	████	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.		↔	↔	↔	↔							
TOTAL CLAIMS		████	████	████	████							